

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WASHINGTON

- A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service and Basis For Determination	Type of charge			Amount
	Deductible	Coinsurance	Copay	
1. Services received in a hospital emergency room that are not of an emergent nature.			X	\$3.00

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CATEGORICALLY NEEDY COST SHARING (cont.)

B. The method used to collect cost sharing charges for categorically needy individuals:

X Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which an individual is identified to providers, is described below:

1. A categorically needy (CN) person receives a medical identification card identifying the person as receiving CN coverage.
2. When the person accesses medical services in a hospital emergency room, the person provides the medical identification card to staff at the emergency room.
3. After the provision of medically necessary treatment services, if the medical provider determines the need for medical services was non-emergent, the client is informed of the copay requirement.
4. The client may pay the copay or state they do not have funds available.

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D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

1. The copay described in A is only for individuals over the age of eighteen who are not:
 - a. Pregnant;
 - b. Institutionalized; or
 - c. Enrolled in an HMO.
2. An emergency medical condition means the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to the individual's health, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

The \$3.00 copay is assessed only when the medical services received in a hospital emergency room are not included in the above definition.

3. The State will take the following steps to enforce exclusions from cost sharing:
 - a. Apprise providers via the Provider Numbered Memorandum;
 - b. Apprise Community Services Offices and Regions Offices;
 - c. Notify all clients via a one-time mailing;
 - d. Subsequently to the initial mailing, notify all clients through text in the Client Handbook. The Client Handbook provides information concerning client rights, including but not limited to:
 - How to contact MAA when a provider is not complying with regulations;
 - The client's right to receive medical services if they cannot afford the copay;
 - What the client should do when billed incorrectly;
 - What to do when the client wishes to challenge or appeal a bill for copay or for a denial of medical services.
 - e. MAA Provider Relations staff will work with individual providers to assure they understand and comply with these requirements.

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4. The hospital emergency room copayment of \$3.00 is not required if reasonable alternative access to care is not available. The state has sufficient reasonable alternative access to care as described on Attachment 4.18. - A, Page 4a.

E. Cumulative maximums on charges:

X State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

N/A

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REASONABLE ALTERNATE ACCESS

COUNTY	FQHCs &RHCs	Other Providers	Hospitals	Total
Adams	7	18	3	28
Asotin	0	22	1	23
Benton	11	205	3	219
Chelan	7	67	3	77
Clallam	4	100	2	106
Clark	1	109	1	111
Columbia	2	14	1	17
Cowlitz	2	93	1	96
Douglas	8	8	1	17
Ferry	8	9	1	18
Franklin	11	70	1	82
Garfield	1	7	1	9
Grant	17	62	3	82
Gras Harbor	7	109	1	117
Island.	10	53	1	64
Jefferson	1	46	1	48
King	39	1,725	19	1,783
Kitsap	9	215	1	225
Kittitas	0	28	1	29
Klickitat	3	24	1	28
Lewis	5	92	2	99
Lincoln	2	17	1	20
Mason	5	47	1	53
Okanogan	9	53	3	65
Pacific	3	41	2	46
Pend Oreille	8	15	1	24
Pierce	18	664	7	689
San Juan	2	13	0	15
Skagit	14	109	2	125
Skamania	2	3	1	6
Snohomish	31	378	4	413
Spokane	14	458	6	478
Stevens	6	27	2	35
Thurston	4	192	3	199
Wahkiakum	0	3	0	3
Walla Walla	11	1	2	14
Whatcom	6	7	1	14
Whitman	1	2	2	5
Yakima	9	8	5	22
TOTAL	298	153	92	543